

Ashwell and Melbourn
Rural District Councils.



REPORT

For the Year 1896,

BY

BUSHELL ANNINGSON, M.D., M.A.,

*Cambridge University Lecturer in Medical Jurisprudence,
University Examiner in State Medicine,
Fellow and Member of the Board of Examiners' Sanitary Institute of
Great Britain,
Fellow and Member of the Council British Institute of Public Health,
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INTRODUCTORY REMARKS.

Further alteration during the present year of the boundaries of the two Rural Districts of Ashwell and Melbourn respectively, obliges me again to adopt the first of the alternatives suggested in the memorandum of the Local Government Board (issued at the end of December, 1894), as to Annual Reports of Medical Officers of Health, which directs the Medical Officer of Health to "send to each District Council either a report on the whole area for which he has acted during the year or a report relating to so much of that area as is under the jurisdiction of each such District Council."

The task of collating vital statistics has been complicated by the alterations above mentioned, but it has been made lighter by the courteous assistance of the Superintendent Registrar, Mr. Shell, in providing me an estimate of the population of the parts of the parishes transferred from the County of Cambridge to that of Hertford, and of the sub-district registrars in adapting their returns to the new conditions. Although the change in area did not have effect till late in the year I have for the purposes of my statistics thought it best to assume them to have existed during the whole twelve months and with the help above indicated assigned the births and deaths accordingly. I cannot but express my regret on account of the breach of continuity which the change has involved in the statistical comparisons with past years.

REPORT.

ASHWELL RURAL DISTRICT COUNCIL.

I have the honour to communicate for the information of the Rural District Council of Ashwell my Annual Report for the year 1896, and according to my usual practice I first pass in review the vital statistics of the year.

Deaths and
Death-rate.

The number of deaths which have been registered in the several parishes is 122; this number must be corrected by an addition of three which have occurred in the Three Counties Asylum, and one in Fulbourn Asylum, respectively, and by a deduction of nine which have occurred in the Union Workhouse, and belonging to the Melbourn District, making a corrected total of 117, which, on the published Census return of 1891, and the corrections supplied to me by the Superintendent Registrar, gives a death-rate from all causes, and at all ages, per 1000 living per annum of 14·6. The death-rate in England and Wales for the same period is given at 17·1 in the Report of the Registrar General.

Deaths in the group of zymotic diseases in the District have been from Diphtheria, 2; Whooping Cough, 3; Measles, 3; total, 8; equal to a death-rate from these diseases of 1·00 per thousand living per annum.

Births and
Birth-rate.

The total number of births registered is 189, equal to a birth-rate of 23·6 per thousand living per annum. The birth-rate for England and Wales for the same period is given at 29·7.

The ratio of deaths under one year of age to one thousand registered births is 58.

District.	Deaths Registered	Share of Workhouse	Adden- brooke's Hospital.	Fulbourn Asylum.	Three Counties Asylum.	Total.
Ashwell R.D.C.	110	3	—	1	3	117

DISEASE INCIDENCE.

Twenty-eight cases in all of scarlatina have been notified. At Ashwell five cases in four households were notified between Jan. 21st and Feb. 13th. The source of infection could not be traced, but there was reason to think it was outside the district. At Royston eleven cases occurred in seven households, two households assailed were in the same row of cottages where social intercourse between the families was facile.

Scarlatina.

Another group of cases were lodgers in one household; the original source of these and the other cases could not be traced, but there is reason to believe that unrecognised scarlatina has been lingering in the town for many months, and in one instance, where there were four cases in one family I felt it needful to give express instructions to be more careful to avoid unnecessary exposure.

A somewhat brisk epidemic occurred in the small village of Nuthampstead during August and September: only three households however, became officially notified, five cases in one household, four in another, and one in a third; the infection was with little doubt introduced from "Cave Gate," Anstey, in the Buntingford District, where scarlet fever was prevalent, by a member of the first household assailed who worked with a member of an infected family at that place. Subsequently the Inspector of Nuisances discovered a lad of the third affected household at work with his father and another man at "Cave Gate," while he was still desquamating. Proceedings were taken under Sec. 126 of the Public Health Act, 1875, against the father for wilful exposure, but a conviction was not obtained in default of direct evidence of exposure in a public place, although the lad must have gone along the highway to get from his home to place of work.

Two sporadic cases, of which there is little doubt the infection was introduced from without the district, occurred at Kelshall and Hinxworth, respectively.

Four cases of diphtheria in three households occurred at Hinxworth. The first case occurred in a household where there had been a previous case. The sanitary conditions which had been reported in connection with the previous case as being in a state dangerous to health, were found to have been slightly improved, but still very far from being satisfactory. The patient was a man stated to have been engaged emptying cesspools at the School two days before the onset of illness. The nuisances injurious to health were again reported to the Council, and orders issued for their abatement.

Diphtheria.

Three cases occurred at the end of October in two cottages near together; the source of infection could not be satisfactorily traced but on visiting the household it was found that the children in another house adjoining were recovering

from sore throat, the real nature of which could not be ascertained; moreover the sanitary conditions were found to be of an indifferent character and an immediate order was given to the owner by the Inspector of Nuisances to make the necessary alterations.

Two cases occurred in two households at Barley in October; the earliest case was pretty conclusively traced to infection from Melbourn in the Melbourn Rural District; the subsequent case was that of a visitor at the former household.

Typhoid Fever.

A case of typhoid fever occurred in the middle of March, at Kneesworth Street, Royston, where cases of the same disease have occurred in previous years; notwithstanding palliative measures of improvements, the sanitary state of this group of dwellings is still far from satisfactory; it may be remarked incidentally that a few days antecedent to the onset of the illness, the whole of the lower part of the town in this district had been pervaded by foul smells, apparently from the gulleys, immediately after a day's heavy rainfall following a period of drought.

A case occurred at Prosperous Row, Ashwell, in December; the methods of excrement disposal on the premises I found to be very defective, constituting a danger to the purity of the water supply, and the system of public drainage in the roadway adjacent of the most unsatisfactory character, allowing, as it does, the sewage to flow over the roadway in the immediate neighbourhood of the dwellings.

In all the above cases the usual sanitary measures have been adopted with regard to school exclusion, disinfection and cleansing, and advice as to isolation and conduct of cases.

The following Schools were closed for varying periods:— at Hinxworth and Therfield respectively on account of epidemics of Whooping Cough; at Nuthampstead on account of an epidemic of Scarlet Fever; and at Barkway on account of an epidemic of Measles.

WATER SUPPLY.

Water Supply.

At Therfield several tanks on private property have been cleaned out by the several owners.

At Reed the scheme for a better water supply for the village, mentioned in my previous report, has been held in abeyance during the past year, but I strongly advise its re-consideration during the current year.

Nuthampstead and Kelshall also should receive renewed attention in this regard.

At Ashwell one well has been cleared out.

Seventeen certificates have been granted under the Public Health (Water) Act, 1878, Sec. 6.

Two samples of potable water have been taken for analysis and were found to be of not high class purity; they should not be used for drinking purposes if a better supply can be obtained.

UNHEALTHY DWELLINGS, DRAINAGE, &c.

At Buckland-Therfield two cottages, which were reported as being dilapidated, have since been repaired by owner. Sanitary Improvements.

At Reed three uninhabited cottages were reported as being unfenced and in a dangerous condition; the owners have been required to take necessary precautions, but have not yet complied.

At Barley the nuisance caused by the drain in the High Street is now being rectified by the County Surveyor.

At Ashwell, in consequence of complaints as to the condition of the west end sewer and contributory drain, which were communicated to the Parish Council by the Inspector of Nuisances, and of my own observations with regard to the condition of the public drain in Back Street in connexion with a case of Typhoid Fever at Prosperous Row, and of other observations made from time to time, I ventured to recommend, in a report to the District Council at their first meeting during the current year, the re-construction of the whole sewerage system of this village. The drainage defects of this place were first mentioned by me in 1881.

At Hinxworth the nuisances found to exist at a house mentioned in connection with a case of diphtheria have been abated by re-construction of the drainage.

At Royston during the heavy rains in October last the houses in the lower part of Queen's Road and Gas Road were flooded owing to the blockage of the main surface water drain. This defect was brought to the notice of the Surveyor and at once rectified.

Several sanitary improvements of a minor character have been effected either by diversion, or ventilation of house drains at Ashwell, Hinxworth, and Royston.

At Cabinet Lane, Reed, one case of overcrowding was reported, and has been satisfactorily abated by the removal of some of the members of the household.

At Royston a tailor's shop was inspected, under the Factory and Workshops' Acts, and found to be in a filthy condition. The defects were abated by cleansing of the premises, &c. I may suggest that it would be well to appoint the Inspector of Nuisances, Inspector of Workshops, under s.s. 3 and 4 of the Act of 1890.

Appended hereto is the Inspector's tabular statement of sanitary work, and in the appendix, the tables of Population, Births, Deaths and Sickness.

MELBOURN RURAL DISTRICT COUNCIL.

I have the honour to communicate for the information of the Rural District Council of Melbourn my Annual Report for the year 1896, and according to my usual practice I first pass in review the vital statistics of the year.

Deaths and
Death-rate.

The number of deaths which have been registered in the several parishes is 148; to this must be added one in Addenbrooke's Hospital, and nine in the Union Workhouse, respectively, making a corrected total of 158, which, on the published Census return of 1891, and the corrections supplied to me by the Superintendent Registrar, gives a death-rate from all causes, and at all ages, per 1000 living per annum of 16·5. The death-rate in England and Wales for the same period is given at 17·1 in the Report of the Registrar General.

Deaths in the group of zymotic diseases in the district have been from Diphtheria 2, Scarlet Fever 1, Diarrhoea 4, Whooping Cough 4, and Typhoid Fever 1, total 12; equal to a death-rate from these diseases of 1·25 per thousand living per annum.

Births and
Birth-rate.

The total number of births registered is 253, equal to a birth-rate of 26·3 per thousand living per annum. The birth-rate for England and Wales for the same period is given at 29·7.

The ratio of deaths under one year of age to one thousand registered births is 118.

District.	Deaths Registered	Share of Workhouse	Adden- brooke's Hospital.	County Asylum.	Total.
Melbourn R.D.C. ...	148	9	1	—	158

DISEASE INCIDENCE.

Small Pox.

No cases of small pox have engaged attention during the year.

Scarlatina.

Fifteen cases of scarlet fever were notified in eight households at Great Chishill during the month of January, and during a period extending from June 3rd to September 30th. The cases in January, were in continuation of the epidemic, which had prevailed from the middle of March of the year previous, and was commented on in my report for that year. Direct infection of the four families assailed between June and September could not be traced, the epidemic having apparently died out, but there was suspicion of cases which had been kept concealed, and had afforded a succession of cases during the period of apparent intermission.

At Guilden Morden eight cases in three households were notified; there is little doubt that the infection was introduced into the first household assailed (August 27) from Hunstanton; the second household assailed was near by the first, and there was some history of association between the children of the respective households.

The invasion of the third household could not be satisfactorily traced, but social intercourse may in this instance also have been the channel of infection. The first household distributed milk in the village, but on my representation of the danger of infection thereby incurred, distribution was immediately stopped.

Three cases in two households were notified at Melbourn in August and October respectively, the first was that of a child visitor from London, who had been brought down under the auspices of the Association for providing summer holidays for poor children, and developed scarlet fever almost directly after arrival. In this connection it should be mentioned that as soon as the nature of the illness was declared three other child visitors in the same cottage were sent back to London without any precaution being taken against spread of infection; at my suggestion the Council made a representation on the matter to the local managers of the holiday Association. The infection of the second household in October was doubtless brought from Hunstanton, where the patient had been spending a fortnight; desquamation was proceeding when first seen by the medical adviser of the family.

At Foxton six cases in three households were notified between November 7th and December 26th. The infection was supposed to have been introduced by a girl who had come home from London on a visit, but enquiry failed to substantiate this supposition; there would seem to be little doubt that there were other cases besides those which came under direct medical observation, but no sufficient evidence could be obtained to justify any active measures on the part of the Sanitary Authority.

A single case which occurred in September at Chiswick End, Meldreth, resulted from a holiday visit to Hunstanton.

At Whaddon eight cases of diphtheria in five households were notified in April, July, August and October. Three of the cases which occurred in one household in the early part of October would appear to belong to another series of cases than those which occurred in the spring and summer; they will be mentioned in connection with cases at Melbourn.

Diphtheria.

The earliest case occurred in April, the source of infection could not be traced with any certitude; enquiry, however, elicited that there had been a case of septic sore throat in a child living next door. It may be remarked further that diphtheria had appeared in the same locality in September, 1892; it is fair to

surmise that the subsequent cases in this street were the result of infection from the earlier case or from the infective condition of the locality.

In respect of two cases in one household at Melbourn, there would appear to have been two possible sources of infection, one by a boarder who had come from his home in Salford and was the first to be attacked, and the other by a frequenter from the neighbouring village of Whaddon who was notified, a few days after a second inmate of the household; there had been during the summer, as already mentioned, cases of diphtheria in this village, but inasmuch as it had been clear of the disease for over six weeks, the cottages last attacked having been thoroughly disinfected and no case of slight throat illness present, the residents being in a part of the village quite distinct from the infected part, and the other case being the third of the series, I am inclined to attribute the introduction of infection by the boarder from Salford. The only objection to this view is a somewhat prolonged incubation period (nearly twelve days), while as a set-off on the other hand the disease was somewhat advanced when the patient was first seen by a medical man and the time of onset cannot therefore be fixed exactly. I may add that the Medical Attendant on all the cases agrees with me in the opinion that the visitor from Salford was the introducer of the infection. Two secondary cases, both of a mild type, occurred at the infected house at Whaddon. Examination of the household first assailed revealed that the system of drainage was of the old fashioned type, but not in my opinion of a character likely to encourage an attack of diphtheria in the members of the household; none the less a system more in accord with modern knowledge has been substituted. Isolation of the patients, dispersion of the rest of the household, and very thorough subsequent disinfection were the measures of precaution adopted.

At Guilden Morden the father and mother of one of the families attacked with scarlet fever were subsequently notified as suffering from diphtheria of a mild character; the source of infection could not be traced; the sanitary conditions were however, not satisfactory, the privy and cesspit have since been replaced by a safer method of excrement disposal.

At Steeple Morden a mother and child were notified on two successive days as suffering from diphtheria and croup respectively: it appeared on enquiry that the child had come from London three weeks before its illness; in view of such a lengthened period, and of the facts that the mother's illness appears to have been three days antecedent to that of the child, infection can scarcely be attributed to a sojourn in London except through the medium of infected clothing of which there is no history.

At Shepreth two cases of typhoid fever were notified (one fatal), one in March and the other in August in well isolated houses; the only attributable cause is the impure water supply. It was suggested that two samples of water should be submitted for analysis, but the Council declined to accede. Typhoid Fever.

Two cases occurred at Melbourn, one in August and one in September; the earlier case was at first thought to have been contracted during a visit to Cambridge, but there seems no direct evidence to connect these circumstances; the sanitary conditions of the household were found to be satisfactory. The second case occurred in a portion of this village where the same disease has appeared in former years, the surroundings were foul and the water was obtained from the river, at a spot near a polluted ditch; these conditions have now been remedied.

In all the above cases the usual measures have been adopted with regard to school exclusion, disinfection and cleansing, and advice as to isolation and conduct of cases.

Schools have been closed for varying periods at Great Chishill, on account of epidemics of scarlet fever and measles, respectively; at Bassingbourn and Kneesworth on account of epidemics of whooping cough; and at Foxton on account of an epidemic of scarlet fever.

WATER SUPPLY.

In accordance with the report which I made to the District Council in the year 1895, with regard to the desirability of providing an improved supply to the villages of Great and Little Chishill respectively, and indicating the probability of being able to get a sufficient quantity from the existing gathering ground, or the open land adjacent, and by enlarging the existing reservoir on the hill above the village, the whole question was referred to a special committee, who presented a report to the District Council, of which the following is an extract:— Water Supply

“Your committee is of opinion that the system of filtration and distribution suggested by Dr. Anningson in his report, and shown upon the accompanying plan, which have been prepared by your Inspector, Mr. H. N. Woodward, is the best practicable one.

“It involves the construction of a polarite filter tank close to the reservoir, and the conduct of the water thence to the village, a distance of about 450 yards, in 2 inch case iron pipes, and its distribution through 745 yards or thereabouts of 1½ inch iron pipe to five self-closing stand pipes at points in the village as shown upon the plan.

“The estimated cost of the work may be taken at £200.

“Your committee recommend that a sum not exceeding £200 be borrowed by the District Council under the provisions of the Public Health Act, 1875, the repayment of it to extend over ten

years ; to be levied upon the whole ratable property of the two parishes of Great and Little Chishill.

“Your committee further recommend that the works should be executed by public tender in the usual way.”

The District Council approved of the suggestions of the Special Committee, and accordingly a scheme has been devised by Mr. Woodward, and been approved by the Special Committee and the District Council, and now awaits the sanction of the Local Government Board to the loan.

At Whaddon there is an artesian fountain, the water from which is used for drinking purposes, but water used for washing salads and other domestic purposes is obtained from the stream, which runs from Spring Head to North End, along the street ; it is slightly turbid where it receives two field drains in its course. At North End it is proposed to supplement the water supply by boring another artesian well.

The reports as to the water supply to the village of Shepreth were referred to the Parish Council, who decided not to take any action in the matter on account of expense.

Adverting to the case of typhoid fever at Dolphin Lane, Melbourn, where the water supply is obtained from river, and is of an unsatisfactory character, I have to suggest that this matter should receive attention as early as practicable.

A proposed scheme of the East Hunts. Company to take chalk water from the parish of Bassingbourn was the subject of enquiry by the Local Government Board, and in view of the considerations put before the Inspector, the proposal has not received the sanction of the Board.

It could be wished that this pure source of water could be made available for the needs of the district. I ventured in my annual report on the undivided district for the year 1882 to suggest a measure of this kind.

DRAINAGE.

The sanitary defects at “Odsey Grange,” Steeple Morden, mentioned in my last year’s report have since been satisfactorily abated.

At Barrington the drainage at the Fountain Inn was found to be very unsatisfactory, and emptying into a blind ditch on the roadside, and thus practically forming an open cesspit, this defect has been remedied by diverting the drain into the public ditch on the other side of the road.

The Surveyor of this village has been called upon to give more attention to the cleansing of several public drains in the village.

In consequence of complaints made of a nuisance from a public drain in Hay Street, Steeple Morden, an inspection was

made, and the defects remedied by substitution of glazed socketted pipes for a distance of 300 yards from Cheney Street, along the east side of Hay Street, and the provision of catch pits at intervals where necessary.

Several sanitary defects of a minor character have been effected, either by diversion, reconstruction or ventilation of house drains at Melbourn, Meldreth and Whaddon.

I inspected the proposed site for a New Cemetery at Guilden Morden at the request of the Home Office, and pointed out conditions which might in my opinion constitute a danger to the water supply to cottages at a lower level, but on further examination into the geological stratification I acquiesced with the view of the Parish Council that the danger was not so great as at first sight appeared, and that the expense of constructing an intercepting trench which I had suggested, need not under the circumstances be incurred.

UNHEALTHY DWELLINGS.

At Bassingbourn, two houses in a bad state of repair were inspected and a representation made; the necessary repairs were carried into effect, and the houses made habitable.

Un-healthy
Dwellings.

At Barrington also one cottage was treated in a like manner.

The case of overcrowding at Kneesworth, reported last year, has been abated by the removal of two members of the household.

Several other cases of alleged overcrowding were found on inspection not to be substantiated, and therefore no action on the part of the Authority was needful.

Appended hereto is the Inspector of Nuisances' statement of Sanitary Work, and in the appendix the Tables of Population, Births, Deaths and Sickness.

BUSHELL ANNINGSO.

RURAL DISTRICT COUNCIL OF ASHWELL.



INSPECTOR OF NUISANCES' REPORT, 1896.

Animals removed, cases	...	...	...	...	2
Certificates under Public Health (Water) Act, 1878, granted	...	...	...	...	17
Cesspits cleaned out	...	...	...	...	10
Cottages re-thatched and repaired	...	...	...	...	20
Drains cleaned out, repaired, and dung heaps removed	...	...	...	...	24
Houses fumigated	...	...	...	...	23
„ new, erected	...	...	...	...	27
New closets, privies and closets connected with sewer	...	...	...	...	13
„ drains made	...	...	...	...	6
Notices to repair	...	...	...	...	17
„ abate nuisances	...	...	...	...	40
„ „ overcrowding	...	...	...	...	1
„ provide drinking water	...	...	...	...	1
Pond cleaned out	...	...	...	...	1
Privies and closets repaired	...	...	...	...	20
Privy cesspits filled up	...	...	...	...	16
Removed to infectious ward	...	...	...	...	2
Samples of water taken	...	...	...	...	2
Sink drains disconnected	...	...	...	...	6
Travellers' vans visited	...	...	...	...	51
Ventilators to existing drains fixed	...	...	...	...	3
Visits to infectious cases	...	...	...	...	96
„ slaughter houses, bake houses, dairies, and	...	...	...	...
„ cow sheds	...	...	...	...	37
Watercourses cleaned out	...	...	...	...	4
Wells cleaned out and pumps repaired	...	...	...	...	4
Workshop cleaned out	...	...	...	...	1

H. N. WOODWARD,

Inspector of Nuisances.

TABLE A.

Table of Deaths during the year 1896, in the Rural Sanitary District of Ashwell; classified according to Diseases, Ages, and Localities.

MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.										MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																											
Names of Localities adopted for the purposes of these statistics, Public Institutions being shown as separate Localities. Columns for Population and Births are in Table B.	(a.)	(b.)	(c.)	(d.)	(e.)	(f.)	(g.)	(h.)	(i.)	FEVERS.																											
										Small Pox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	English Cholera.	Erysipelas.	Measles.	Whooping Cough.	Dysentery.	Rheumatic Fever.	Ague.	Phthisis.	Bronchitis, Pneumonia, and Pleurisy.	Heart Disease.	Injuries.	Other Diseases.	Cancer.	Influenza.	Pyæmia.	Total.			
Ashwell	...	110	11	8	5	6	41	39	{ Under 5 5 upwds.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21a	21b	21c	22			
Union Workhouse		12	...	...	1	1	1	9	{ Under 5 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	...	122	11	8	6	7	42	48	{ Under 5 5 upwds.	...	...	2	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...
The subjoined numbers have also to be taken into account in judging of the above records of mortality.																																					
Deaths occurring outside district among persons belonging thereto, Lunatic Asylums.	4	...	...	...	1	...	3	{ Under 5 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deaths occurring within the district among persons not belonging thereto.	9	...	...	1	...	1	7	{ Under 5 5 upwds.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Union Workhouse.																																					

The subjoined numbers have also to be taken into account in judging of the above records of mortality.

TABLE B.

Table of Population, Births, and of New Cases of Infectious Sickness coming to the knowledge of the Medical Officer of Health, during the year, 1896, in the Rural Sanitary District of Ashwell; classified according to DISEASES, AGES and LOCALITIES.

NAMES OF LOCALITIES adopted for the pur- pose of these statistics; Public Institutions be- ing shown as separate localities.	POPULATION AT ALL AGES.	Registered Births.	New Cases of Sickness in each Locality, coming to the knowledge of the Medical Officer of Health.													Number of such Cases Removed from their Homes in the several Localities for Treatment in Isolation Hospital.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
			(a)	(b)	(c)	Under 5 5 upwards	FEVERS.													Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	FEVERS.							Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas	12	13																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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Ashwell	7999	189	Under 5 5 upwards	..	7	6	15	1	14

NOTE.—“Notification of Infectious Disease” has been compulsory in the District since 1st March, 1890. There is an Isolation Hospital for the use of the Sick, on the Union Workhouse Ground.
+ Estimate after the readjustment of Parish Boundaries.

RURAL DISTRICT COUNCIL OF MELBOURN.



INSPECTOR OF NUISANCES' REPORT, 1896.

Animals removed, cases	...	...	...	2
Certificates under Public Health (Water) Act, 1878, granted	...	...	...	3
Cesspits cleaned out	...	...	...	9
Cottages re-thatched and repaired	...	...	...	39
Drains cleaned, repaired, and dung heaps removed	...	...	...	24
Houses fumigated	...	...	...	27
New closets and privies	...	...	...	10
„ drains made	...	...	...	7
„ houses built	...	...	...	3
„ wells sunk	...	...	...	2
Notices to repair	...	...	...	30
„ abate nuisances	...	...	...	40
„ „ overcrowding	...	...	...	2
Privy cesspits filled up	...	...	...	14
Privies and closets repaired	...	...	...	15
Samples of water taken	...	...	...	1
Sink drains disconnected	...	...	...	4
Travelling vans visited	...	...	...	14
Un-notified cases of infectious disease discovered	...	...	...	3
Ventilators to existing drains fixed	...	...	...	3
Visits to infectious cases	...	...	...	140
„ lodging houses	...	...	...	12
„ slaughter houses, bake houses, dairies, and cow sheds	...	...	...	54
Watercourses cleaned out	...	...	...	4
Water, notices to provide supply of drinking	...	...	...	3
Wells cleaned out and pumps and fountains repaired	...	...	...	2

H. N. WOODWARD,

Inspector of Nuisances.

TABLE A.

Table of Deaths during the year 1896, in the Rural Sanitary District of Melbourne; classified according to Diseases, Ages, and Localities.

MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.										MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																																																																																																																																																																																																																																																																																																																																																																																																													
Names of Localities adopted for the purposes of these statistics, Public Institutions being shown as separate Localities. Columns for Population and Births are in Table B.	Un-der 1 year.					1 and under 5 years.					5 and under 15 years.					15 and under 25 years.					25 and under 65 years.					(a.)	(b.)	(c.)	(d.)	(e.)	(f.)	(g.)	(h.)	(i.)	Small Pox.	Scarlatina.	Diphtheria.	Membranous Croup.	FEVERS.					English Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Ague.	Phthisis.	Bronchitis, Pneumonia, and Pleurisy.	Heart Disease.	Injuries.	Other Diseases.	Cancer.	Influenza.	Pyæmia.	Total.																																																																																																																																																																																																																																																																																																																																																												
	Un-der 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 65 years.	Un-der 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 65 years.	Un-der 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 65 years.	Un-der 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 65 years.	Un-der 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 65 years.														Un-der 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 65 years.																	Un-der 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 65 years.	Un-der 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 65 years.	Un-der 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 65 years.	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TABLE B.

Table of Population, Births, and of New Cases of Infectious Sickness coming to the knowledge of the Medical Officer of Health, during the year, 1896, in the Rural Sanitary District of Melbourne; classified according to DISEASES, AGES and LOCALITIES.

NAMES OF LOCALITIES adopted for the pur- pose of these statistics; Public Institutions be- ing shown as separate localities.	POPULATION AT ALL AGES.		Registered Births.	(d) Under 5 5 upwards	New Cases of Sickness in each Locality, coming to the knowledge of the Medical Officer of Health.													Number of such Cases Removed from their Homes in the several Localities for Treatment in Isolation Hospital.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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					Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	English Cholera.	Erysipelas.	12	13	1	2	3	4	5	6	7	8	9	10	11	12	13																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Melbourn	...	9558	253	Under 5 5 upwards	...	8	2	1	...	1

NOTE.—“Notification of Infectious Disease” has been compulsory in the District since 1st March, 1890. There is an Isolation Hospital for the use of the Sick, on the Union Workhouse Ground.
+ Estimate after readjustment of Parish Boundaries.

